

ADVISORY COUNCIL ON INTERCOUNTRY ADOPTION

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TO: U.S. Department of State
CA/OCS/PRI
Adoption Regulations Docket Room, SA-29
2201 C Street NW,
Washington, DC 20520

FROM: Advisory Council on Intercountry Adoption
P.O. Box 77496
Washington, D.C. 20013
(703) 430-7600

RE: Comments on State Department Regulations on Intercountry
Adoption
State/AR-01/96

DATE: December 15, 2003

INTRODUCTION

The Advisory Council on Intercountry Adoption ("ACIA") is a collaboration of national organizations recognized as leaders in the ethical and professional practice of adoption and child welfare services. The organization was founded in 2000 with the purpose of providing a collective response to the many factors affecting the global future of intercountry adoption. In their professional capacities, our members serve thousands of individuals and organizations throughout the United States and Canada who are affected by intercountry adoption.

As an organization dedicated to promoting intercountry adoption practices that honor lifelong issues of adoption for all members of the adoption triad, that respect the ethnic, cultural, and social sensitivities of sending countries for children who are adopted abroad, and that advance the national interest in improved human rights standards globally, the ACIA is pleased to have the opportunity to comment on the Department of State's proposed Regulations to implement the 1993 Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption and the Intercountry Adoption Act of 2000.

The ACIA is optimistic that the process for Hague implementation in the United States will result in ethical practices that protect children, birth families and adoptive families while ensuring that adoption, rather than institutionalization or long term foster care, is the preferred alternative for children without families. To this end, we have advocated for transparency and inclusiveness in the regulatory process.

It is apparent from the proposed rules that the State Department has thoughtfully responded to this concern. The revisions to the draft rules previously prepared by Acton Burnell address many of the

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questions and comments previously voiced and represent a meaningful attempt to engage the adoption community in the regulatory process.

Specifically, the ACIA appreciates the Department's acknowledgment of the difficulty that smaller service providers may face in meeting accreditation standards, as reflected in the expanded provision for temporary accreditation. We also note the inclusion of a variety of options for required training and expertise of accredited and approved entities, options which reflect the diversity of state requirements in this area and level the playing field for service providers. The specification for a "primary provider" designation provides an important clarification and an additional level of accountability for service providers jointly providing services.

Another welcome addition is the creation of a complaint registry through which consumers may air problems they encounter with service providers, and which gives accrediting entities the opportunity for corrective intervention. The ACIA also approves the distinction between privately held adoption records and "convention records," as clarified in §96.42 and Part 98, and the revision to language in §96.40(e), relating to cash transactions, which recognizes the differences in fund transfer requirements and technology among sending countries.

There are only a few of the positive changes in the proposed rules that the ACIA noted. There are, however, a few areas of concern that remain. In the spirit of cooperation that has marked this process, we therefore offer the following comments on several specific issues for the Department's consideration as the rules are finalized.

The ACIA has always found it of primary importance for the IAA 2000 Regulations to reflect a commitment to a streamlined procedure that will not unnecessarily create additional expenses for adoptive families or discourage qualified service providers from seeking accreditation or approval. On the other hand, we believe it to be of equal importance for the IAA 2000 to create a rigorous regulatory and enforcement system to suppress the negligent, exploitative and illegal practices of a few. We have also emphasized the importance to adoptive families of requirements for comprehensive, and understandable, information on prospective adoptive children and for pre- and post-adoption services, parent education and preparations, and parent support. Although the Regulations, as drafted, address many of these concerns, we believe there are areas where clarifications or revisions would be beneficial. We also strongly advise the State Department to carefully consider the consequences of the Regulations for the insurability and professional liability of service providers, so that the IAA Regulations do not end up limiting rather than improving the intercountry adoption alternative.

22 CFR PART 96, SUBPART E

Evaluation of Applicants for Accreditation and Approval.

96.26 Protection of information and documents by the accrediting agency.

We respectfully submit that confidentiality of agency information is only appropriate to the extent such confidentiality is consistent with other applicable federal law, or applicable state law, including, without limitation, laws governing adoption, confidentiality of healthcare records, employment records, or other areas. Consideration should also be given to the need to protect all parties from the disclosure of un-validated or spurious complaints to the accrediting agency.

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22 CFR PART 96, SUBPART F

Standards for Convention Accreditation and Approval.

General Comments on Subpart F

The Hague Convention's stated goals are to protect the children, birth parents and adoptive parents involved in intercountry adoptions and to prevent child-trafficking and other abuses. On many issues, the drafters of the Regulations achieved these important goals admirably. However, certain provisions that cover risk and liability issues need to be carefully considered and, if necessary, amended to more accurately reflect the operating environment for the providers of intercountry adoption services. Failure to do so may have the unintended result of limiting, rather than facilitating, the availability of the adoption option for the world's children.

Specifically, we urge careful and objective investigation into the potential consequences of sections 96.33 (Insurance), 96.39(d) (Blanket Waivers), and sections 96.45(b)(8) and (c) and 96.46(b)(9) and (c) (Liability when using supervised providers). These provisions will create the following framework:

- (i) statutorily assign all risk between adoptive parents and their agencies/service providers to the agencies/service providers;
- (ii) channel all liability of adoption service providers throughout the system to a single "primary provider";
- (iii) require \$1,000,000 per occurrence of insurance coverage; and
- (iv) impose non-profit status on most agencies.

Imposition of requirements such as these should be done in a manner that minimizes costs for quality service providers and that more effectively balances the needs of all parties in the adoption process. We note, without prejudice, that many service providers have expressed to us their significant concerns about the challenges presented to them by these requirements.

96.33 Budget, audit, insurance and risk assessment requirements.

96.33(g)

Section (g) requires the use of an independent professional assessment of risks. We respectfully submit that this provision over-estimates the scale of operation for most intercountry adoption service providers. The risk assessment can be performed professionally by a combination of the service provider's management, insurance agent and/or financial and legal counsel(s). Requiring review by an independent risk assessment firm would cause undue financial hardship for small service providers by significantly raising the overall costs of accreditation.

96.33(h)

any involved in intercountry adoption have expressed to us their significant concerns about the ability of adoption service providers to obtain the insurance coverage required to comply with the proposed language in

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Section 96.33(h). We believe that these concerns may be valid, and, in the absence of a solution, many service providers may be unable to continue to offer their services once the Regulations are in effect. Already, many service providers report significant and increasing difficulties in renewing their existing professional liability and directors' and officers' policies. These difficulties are likely to increase with the imposition of a \$1,000,000 floor and the additional requirement for the extension of liability insurance coverage to include the activities of supervised providers. As a result of these requirements, a significant number of service providers may cease to be commercially insurable.

With these considerations in mind, ACIA respectfully submits that the insurance and liability requirements may need to be re-evaluated and adjusted to more accurately reflect prevailing market conditions, and we also urge the State Department to use its resources to assist the service providers in developing solutions which will enable them to comply with these requirements. Individual adoption service providers may lack the market power to influence the insurance industry to develop insurance products which address this problem in the timeframe required. The assistance of the Department in engaging insurance industry experts to provide professional advice and counsel in this area would be welcome to ensure that the regulatory requirement vision articulated in the Regulations is, in fact, practicable.

96.35 Suitability of agencies and persons to provide adoption services consistent with the Convention.

In general, language on ethical standards (96.35, inclusive) should reflect the use of "mandatory language". The State Department may wish to make more explicit the relevant oversight mechanisms relating to specific standards.

96.36 Prohibition on child buying.

One of the foremost purposes of the Convention is to "prevent the abduction, the sale of, or traffic in children." As such, parties to the Convention have a responsibility to enact regulations which enable the fulfillment of this purpose. While section 96.36 contains the required stipulation that service providers must have a policy to prohibit its employees or agents from giving money or other consideration as payment for a child or as an inducement to release a child for adoption, it does not contain specific regulations on how such a prohibition could be monitored or enforced.

The language contained in 96.36 is remarkably similar to the language of the Immigration and Nationality Act concerning child buying. It, too, prohibits payment for the release of a child or as an inducement to release the child. In practice, however, this standard has proven virtually impossible to enforce as it is very difficult to decisively prove that any payment served as an inducement.

In addition, section 96.36 expands on the types of expenses that can be paid in connection with adoption cases, leaving open the possibility that parents could receive significant amounts of cash for the payment of living expenses or pre-birth costs. This expansion, coupled with the difficulty in proving that payments could serve as an inducement to release a child, may actually lead to an *increase* in the trafficking of children.

While we are aware of the difficult circumstances that birth parents are faced with, and support the need for appropriate medical and counseling services for parents, the lack of specificity and regulation regarding the

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payment of expenses is very problematic. ACIA believes that additional safeguards and standards should be included in this section to protect vulnerable parents and children.

For example, while the payment of pre-birth expenses is typical in domestic adoptions, state laws contain provisions which stipulate that the payment of pre-birth or adoption expenses cannot obligate the parent to place the child for adoption. In addition, the laws stipulate what type of expenses can be paid and under what circumstances. ACIA believes that birth parents living in other countries should have the same protections and rights as birth parents in the United States. This is particularly important in light of the fact that payments which are considered small by US standards may be large enough by local standards in developing countries to serve as an inducement to release a child for adoption.

ACIA respectfully recommends that section 96.36 be modified to provide clear guidance on the payment of adoption expenses and to include provisions that protect birth parents from coercive practices.

96.37(f) Qualifications of home study providers.

We recommend changing the requirement from a minimum of a Master's degree in human services to the minimum of a Bachelor's degree in human services, with supervision from an individual qualified under 96.37(d)(1) and (2).

39 Information disclosure and quality control practices.

In general, we recommend that the State Department consider publishing a year-book or compendium of the findings of the accredited service providers, collectively, focusing on key issues, statistics and country-specific considerations.

96.39(a)

The State Department may wish to consider specifying the "heads of terms" or specific components required in the contracts envisioned in 96.39(a)(2) as well as provide guidance on acceptable and recommended provisions, so as to facilitate statutory compliance and, potentially, insurability for service providers.

96.39(a)(3) should require disclosure of the nature of services provided, as well as the identification of foreign entities and their associated costs upon a client's application to the service provider.

96.39(b)

In 96.39(b)(1), the State Department should consider providing guidance on how accredited service providers may provide the required monitoring of disruptions and dissolutions, as well as the relevant definitions, noting that the proposed definitions of Dissolution and Disruption may be insufficient to provide. We presume that dissolution and disruption here refer to US events and not events which occurred in or were precipitated abroad.

96.39(d)

ACIA respectfully submits that the term "blanket waiver" of liability is too vague. It is imperative to educate the client or prospective client on the various risks associated with intercountry adoption, including but not limited to: unknown or improperly diagnosed medical conditions, uncertainty of foreign government operations and dangers of traveling abroad.

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Therefore we respectfully recommend that the current provision in 96.39(d) be eliminated and replaced with:
(d) The agency or person may require a client or prospective client to waive specific liabilities in connection with the provision of adoption services in Convention cases, provided that it specifies in clear language (and the client acknowledges in writing) the nature of these liabilities and the various risks of intercountry adoption and asks the client to voluntarily assume these risks as a condition of receiving services. We also feel that it would be advantageous if the Department could provide, along with the Regulations, specific language which may be included in such risk waivers and/or provide a standard form of the foregoing.

This language, as modified, would be appropriate since it would allow parents to evaluate the risks and make an informed decision regarding intercountry adoption. As professionals, it should be incumbent on service providers to educate their clients about the problems that may arise in the process of completing an intercountry adoption. Generally, service providers should discuss the problems that may arise when working in another country, with foreign governments, languages, cultures, medical systems and the unknowns of foreign law and custom. Service providers should clearly disclose the possibility of unknown or undiagnosed medical, psychological and developmental conditions of the children. After considering and analyzing the possible risks in light of their goals and resources, informed adoptive parents will be in better position to decide whether or not they are willing to accept these risks as a condition of receiving services.

Furthermore, we recommend that the following additional changes be made:

- (i) the use of exculpatory language which appears to waive intentional misconduct, malfeasance or fraud in waivers be explicitly prohibited;
- (ii) waivers which attempt to waive responsibilities implicated in the Regulations or the IAA 2000 should be explicitly prohibited; and

Sec 96.39(e)

The State Department may wish to clarify that 96.39(e) extends to regulatory scrutiny of arrangements with contractors and agents abroad.

96.42 Retention, preservation, and disclosure of adoption records.

To the extent permitted by statute and state law, 96.42(a),(c) and (f) should clarify which US State Law is relevant.

96.44 Acting as primary provider.

96.44 should specify who provides oversight of the professional and organizational standards required in (b), as well as provide oversight procedures for the same.

96.45 Using supervised providers in the United States.

96.46 Using supervised providers in other Convention countries.

These provisions give clients legal recourse against a single entity and expressly require that agency primary providers retain legal authority and "(1) assume tort, contract, and other civil liability to the prospective adoptive parent(s) for the supervised provider's provision of the contracted services and its compliance with the standards in this subpart F; and (2) maintains a bond, escrow account or liability insurance in an amount

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sufficient to cover the risks of liability arising from its work with supervised providers..." (96.45(b)(8) & (c) and 96.46(b)(9) & (c)). These provisions have two important consequences, which may adversely impact service providers, both in terms of their insurability and their ability to defend against potential private claims:

- (i) the provisions will channel all liability, in tort, contract or otherwise within each case to a single "primary provider" for the actions of all adoption service providers in the US and abroad in the process (subject to certain limited exceptions); and
- (ii) the provisions will assign all risk that is inherent in intercountry adoptions to service providers versus the adoptive parent(s), thereby creating a statutory cause of action for the adoptive parents to pursue against their service providers.

As discussed above, these provisions may render it difficult for otherwise compliant service providers to, (i) to procure the required liability insurance for intercountry adoption activities in many of the countries where they now operate and, in the case of local service agencies, in the US as well, and (ii) allocate liability in a commercially acceptable manner. If either of these two outcomes occurs, the Regulations may have the unintended result of reducing the availability of intercountry adoption services, both domestically and abroad, to American families.

We strongly recommend that the State Department take the potential for such adverse outcomes into account, objectively assess the likelihood of their occurrence, prior to finalizing the Regulations. Our perception is that there may well be a significant gap between the proposed liability insurance requirement, the establishment of the clear liability chains envisioned in sections 96.45 and 96.46 of the Regulations, what private sector insurers are willing to offer, and the optimal allocation of legal risk among service providers.

A number of possible solutions to these problems may be considered, and our members will present, in their individual comments on the Regulations, their specific concepts and proposed language. We believe that a solution to this challenging issue is attainable if the State Department works closely with service providers, the insurance industry and other parties involved in the process. Moreover, we believe that this solution can be achieved without compromising the integrity of the Regulations or the interests of the children and their families.

Some potential solutions from our members include, but are not limited to, combinations of the following ideas:

- (i) the establishment of safe harbors for primary providers from the requirements to assume liability risk and obtain insurance coverage for the actions of supervised providers, if the primary providers are able to demonstrate compliance with specified standards for due diligence on and oversight over supervised providers, if the supervised providers in question have consistently good records of performance (as evidenced through the lack of formal sanctions against them), and if informed adoptive parents sign waivers of the specific risks associated with supervised providers;
- (ii) self-insurance product availability and requirements for adoptive parents/potential adoptive parents;
- (iii) the accommodation in the Regulations of contractual binding arbitration provisions (subject to capped awards) between adoptive parents/potential adoptive parents and primary service providers, in lieu of litigation;

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- (iv) permitting specific waivers of liabilities and/or notifications of risk, as we discuss in this document;
- (v) more manageable per incident liability insurance coverage requirements;
- (vi) damage caps (contractual or regulatory), like those now being specified by certain states for cases of medical malpractice; and
- (vii) with respect to 96.45 and 96.46, relaxation, modification or re-assessment of the nature of the liabilities incurred by primary providers with respect to their supervised providers, in view of alternative solutions such as the safe harbors concept, binding arbitration and capped awards.

We believe that it is important to specify the objectives of the proposed primary and supervised provider systems and the associated transfer of liabilities. Our understanding is that the primary objectives of the proposed system are to increase transparency and accountability to the consumers of intercountry adoption services and to provide for simplified regulation and oversight on the part of the accrediting entities and the State Department. From a public policy perspective, the consequence of these objectives should be to enable the identification and sanction of negligent, incompetent or malfeasant service providers. We do not believe that it is, or, indeed that it can be, an additional objective of the State Department to encourage inappropriate or excessive litigation. With this in mind, it should be possible for the enforcement and accountability objectives to be met without the imposition of onerous financial requirements on service providers. Several of our member organizations believe that, as currently drafted, the Regulations impose an onerous burden to the detriment of our shared interest in furthering the objectives of the Convention.

We note, in particular, that one of the parties which would be adversely impacted by the insurance requirements in 96.33(h) and the liability chain requirements in 96.45 of the Regulations as currently drafted include Local Service Agencies, which are not directly engaged in placement, but rather provide home studies, parent education and post-placement services within the US. Our understanding is that these service providers, who tend to be small in scale of operations, have not, for the most part, been an area of concern for clients in the past and, therefore, may, merit a degree of regulatory forbearance, relative to those entities more directly involved, domestically and abroad, in the placement process. Should the liability requirements as currently framed in 96.45 be imposed on them, many of these domestic agencies have expressed to us their concern that they may be unable to continue operating.

96.49 Provision of medical and social information in incoming cases.

All medical records are inherently a summary, except for the actual working record, noting observations and laboratory results as they are collected. It would be unwieldy and impractical to provide a copy of the actual original medical record, given the typical volume of such records and the probable lack of photocopying facilities. A summary of the medical record covering the topics outlined in section 96.49d 1-4 as provided by the orphanage director or physician or another physician as appointed by the Central Authority of the sending country should be accepted as a best substitute for the original record.

96.53-55 Standards in Cases in Which a Child is Emigrating from the United States

Overall, the provisions for emigrating children are not as specific as those for immigrating children. We offer the following suggestions:

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Although we support pre-placement visits by adoptive parents, because of the prospect that *requiring* multiple pre-placement visits could encourage reciprocal requirements by sending countries, we suggest that the regulations *recommend* that at least *one* pre-placement visit occur, to the extent that it is practical.

Recommend adding to 96.53(a) that the child's background study should also include a "psychosocial evaluation", as well as "identifying" family history.

Recommend changing 96.53(d) the child's minimum age from 10 to 12 years when considering his/her wishes. This recommendation is designed to bring the child's age in line with the age generally considered by state courts that address custodial matters.

Recommend 96.54 (a)(2) changing to "at least 60 days after the birth of the child or the child's parental rights have been terminated, whichever is later." This recommendation is designed to avoid a rush to place outside of the country and to allow sufficient time to list the child on a state or national exchange and to identify prospective adoptive parents in the U.S.

Recommend adding to 96.54(f)
"Agencies that facilitate adoptions of children in the United States should ensure that the home studies on prospective adoptive parents cover the prospective adoptive parents' identity, eligibility and suitability to adopt, background, family and medical history, social environment, reasons for adoption, ability to undertake an intercountry adoption, and the characteristics of the children for whom they are qualified to care."

Recommend ensuring that 96.54 contain a reference to the need to provide the prospective adoptive parents with a copy of the medical record of the child prior to the adoption, along with contact information on the physician who performed the assessment." (The standard regarding medical records for emigrating children should not be less than it is for immigrating adoptees.)

Recommend ensuring that 96.54 contains a requirement for the service providers involved in the adoption to include in the contract, a provision for ensuring that the adoption service provider will be informed if the adoption is disrupted, and an agreement as to who will arrange and pay for the child to return to the US if the Secretary determines this is in the best interests of the child following a disrupted adoption.

22 CFR PART 96, SUBPART J Oversight Through Review of Complaints

In general, further clarification of the complaint mechanism is required. Specifically, we respectfully recommend that the State Department clearly specify in the Regulations the timing, sequences and relationships between the following:

- (i) the agency cure period (the period of time an agency has to adequately resolve complaints without external involvement);
- (ii) the Complaint Registry;
- (iii) action by an accrediting entity;

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- (iv) oversight or review of an action or the failure to act of an accrediting entity, by the State Department; and
- (v) the civil and criminal sanctions required by the IAA.

We find that the most effective complaint mechanisms rely on clearly delineated serial escalation structures, where complainants, complainers or regulators may appeal to successively higher levels of administrative (and, where applicable) judicial review. We respectfully request that the State Department consider disclosing, in the Regulations, a flow-chart of the envisioned mechanism and work to conform the proposed complaint mechanism to a clear serial escalation model.

Ideally, the Complaint Registry should be structured as an independent and empowered component of a serial escalation structure, and its precise role and processes should be further clarified. Permissible complainants should include *clients*, their representatives, both individually and, where applicable, as a class, and other "interested persons."

Consideration should be given to special cases where the accrediting entity or State Department notes or has brought to attention a pattern of misconduct or suspicious behavior, allowing and encouraging these bodies to initiate, on their own initiative, a sequence of investigative actions which triggers the complaint process without intervention of a *client* complainant.

96.69 Filing of complaints against accredited agencies and approved persons.

We would point out that the only mechanism for a health care provider to complain about service provider practices is, according to Section 96.69, directly to the service provider. However, 96.41(b) seems to limit the right to complain only to birthparents, adoptive parents and the adoptee.

A health care provider is in a unique position to see a pattern of practice that is not obvious to a single family. Because these professionals see children adopted through many service providers and many children adopted through the same service provider, they are likely to detect adoption practices that are inappropriate and, occasionally, even illegal. It is not likely that a physician would make complaints about such practices to a service provider directly for several reasons:

- (i) HIPPA regulations prohibit them from divulging information about patients in their care;
- (ii) the health care practitioner has no contract with the service provider and thus would be considered low priority in complaint resolution;
- (iii) a health care practitioner would be hesitant to disrupt a collegial relationship with a service provider because the result might be fewer or no referrals of new cases;
- (iv) many complaints would be based on the comparison of one service provider's practices with another and it would not be appropriate to give information about one service provider to a second; and
- (v) some inappropriate practices might be recognized only through dialog with other professionals, such as pediatricians who are members of the Section on Adoption and Foster Care of the AAP. The Section or some other professional body might wish to make a complaint about a general aspect of a service provider's practice without reference to a particular case.

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Thus, it would seem most appropriate to allow individual health care providers and their non-governmental groups, such as the American Academy of Pediatrics, a mechanism to make complaints directly to the Complaint Registry.

Finally, we urge the Department to adopt safeguards to screen out spurious or malicious complaints and to protect against manipulation of the complaint process.

22 CFR PART 96, SUBPART K Adverse Action by the Accrediting Agency.

96.76 Procedures governing adverse action by the accrediting agency

To avoid the potential of regulatory confusion, we respectfully recommend that the State Department stipulate due process standards for service providers and the other concerned parties, which would include notices, standards of proof, hearings, and an internal review process. Similar to our comment on the complaint procedure above, we would like to see a clearly delineated serial escalation structure for a service provider's appeal process.

We respectfully recommend inclusion of a provision in Section 96.76(b) of the Regulations limiting actions taken by the accrediting entity without notice to circumstances where there exists a child-endangering emergency. For example, the Regulation might provide that action can be taken without notice only in the case of "clear and convincing evidence of imminent danger to a child."

96.77 Responsibilities of the accredited agency, approved person, and accrediting entity following adverse action by the accrediting entity.

In regulation 96.77(b) the accrediting entity is empowered to suspend an accredited agency without notice (96.76(b)) and order that its files and cases be transferred to another service provider. In addition to the necessity of a detailed appeal process, there also needs to be clear definitions of how an accrediting entity would transfer Convention cases to another service provider. We recommend that the procedure be clearly defined to avoid accusations of bias by the accrediting entity and to ensure that the adoptive parents or prospective adoptive parents have a voice in the transfer process.

22 CFR Part 98 Preservation of Convention Records

98.2

We suggest that the Department change length of time specified in §98.2 for retention of convention records from 75 to 99 years, a common length of time in state records retention statutes, because of our concern that many future generations should have access to such records. We note that some members of the group urged a longer period of retention, and that the 99 year period was agreed on as a compromise.

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CONCLUSION

Many of the comments contained in this document were finalized only after lengthy debate and consensus by ACIA member organizations, which represent a constituency of thousands of members from all segments of the adoption community. The views expressed herein, while reflecting the ACIA majority view, however, do not state the full view of all ACIA member organizations, many of which are submitting separate comments that express their complete individual organizational views. We have attached an addendum listing and describing the member organizations that participated in this comment.

The ACIA thanks the Department for its thoughtful consideration of our recommendations.

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Advisory Council on Intercountry Adoption Member Organizations

Adoption Education Institute

New York, NY

The Adoption Education Institute serves the information needs of adoptive and prospective adoptive families. The institute provides a variety of services for families who need information, advice, or referral to organizations and resources concerning pre- and post-adoption issues.

The Adoption Education Institute is a non-profit organization established in 2000 to serve adoptive families in all 50 states.

Adoption Resource Network, Inc. (ARNI)

Pittsford, NY

Adoption Resource Network, Inc. provides information and referrals on all aspects of adoption and foster care through its annual conferences, educational workshops, various mentoring programs, teen programs, electronic flash mail, informational mailings, warm lines, and its quarterly magazine.

Adoption Resource Network, Inc. is a non-profit organization established in 1992 and has 560 members representing foster parents, birth parents, adoptees, prospective foster and adoptive parents, adoptive parents, and adoption service providers. In addition, ARNI maintains a database of more than 7,000 organizational supporters.

Also-Known-As, Inc. (AKA)

New York, NY

Also-Known-As, Inc. was founded by a group of international adult adoptees and friends who recognized the invaluable resource of their adoption experience to future generations of adoptees and adopting families. AKA serves those on their adoption life journey and preserves the possibility of intercountry and interracial adoptions for future generations.

Also-Known-As is a non-profit organization established in May 1996 and has 1,000 members. AKA members represent intercountry adoptees and families, all families created by intercountry adoption, and transcultured people.

American Academy of Adoption Attorneys (AAAA)

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Washington, D.C.

The American Academy of Adoption Attorneys advocates for children's constitutional right to permanency in their families to ensure appropriate consideration of the interests of all parties to adoptions and to facilitate the orderly process of adoption. The academy's work includes promoting the reform of adoption laws and disseminating information on ethical adoption practices.

The American Academy of Adoption Attorneys is a non-profit organization established in 1989 and has more than 300 members representing attorneys, judges, and law professors in the United States and Canada who practice or have otherwise distinguished themselves in the field of adoption law throughout the United States and abroad. Membership is only by invitation from the Board of Trustees.

American Academy of Pediatrics

Washington, D.C.

The American Academy of Pediatrics' mission is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To this purpose, the AAP and its members dedicate their efforts and resources.

The American Academy of Pediatrics is a non-profit organization established in 1930 whose members are primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists. More than 34,000 members are board-certified and called Fellows of the American Academy of Pediatrics.

Asian Adult Adoptees of Washington State (AAAW)

Seattle, WA

Asian Adult Adoptees of Washington is a resource that provides mentoring, fellowship, and educational opportunities for Asian/Pacific adoptees and the community.

Asian Adult Adoptees of Washington is a non-profit organization established in 1996 with 250 members representing adult adoptees, adoptive parents and families, adoptive parent support and advocacy groups, and other individuals committed to adoption issues.

Catholic Charities USA

Alexandria, VA

Catholic Charities USA is a membership association representing a network of agencies and institutions that provide services to people in need and advocate for justice in social structures.

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A non-profit organization established in 1910, Catholic Charities USA has 1,400 member agencies. Catholic Charities USA member agencies and childcare institutions provide direct services to people in need, with emphasis on enabling them to achieve self-sufficiency. Agencies are usually multi-service organizations whose services include food, emergency shelter and housing assistance, mental health and substance abuse programs, child daycare, aging services, pregnancy counseling, foster care, and adoption and post-adoption services.

Center for Adoption Support and Education (CASE)

Silver Spring, MD

The Center for Adoption Support and Education offers support and education services that concentrate on the special joys and challenges facing adopted children and their families.

CASE is a non-profit organization established in 1998 and has 4,000 members representing adoptees, adoptive parents, foster care parents, child welfare and adoption staff, mental health professionals, educators, and lawyers/child advocates.

Center for Family Connections

Cambridge, MA

The Center for Family Connections helps children to feel seen, to feel safe, and to adjust to the challenges of being or having been moved from one family to another. CFCC reaches children and families to create an environment that supports and understands the needs for both pre- and post-adoptive services throughout Massachusetts and other national and international communities.

The Center for Family Connections is a non-profit organization founded in 1973.

Child Welfare League of America (CWLA)

Washington, D.C.

The Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization. Members are committed to engaging people everywhere in promoting the well-being of children, youth, and their families and protecting every child from harm. They envision a future in which families, neighborhoods, communities, organizations, and governments ensure that all children and youth are provided with the resources they need to grow into healthy, contributing members of society.

The Child Welfare League of America is a non-profit organization established in 1920. Its 1,239 member agencies provide quality services to children.

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Congressional Coalition on Adoption Institute

McLean, VA

The Congressional Coalition on Adoption Institute is a nonprofit, nonpartisan organization dedicated to raising awareness about the tens of thousands of foster children in this country and the millions of orphans around the world in need of permanent, safe and loving homes; and eliminating the barriers that hinder these children from realizing their basic need of a family.

CCAI strives to accomplish its mission by serving as an informational and educational source to policymakers as they seek to draft positive adoption legislation and to meet their constituent's needs.

Ethica

Columbia, TN

Ethica advocates for ethical child-adoption practices by educating and assisting adoptive parents, adoptees, and birth families; government branches/agencies, and adoption professionals. Financial independence from agents involved in child placement gives Ethica a free voice on issues related to adoption. A not-for-profit 501(c)3 corporation, Ethica actively maintains a Web site (ethicanet.org) providing agencies, officials, families, individuals, and the media with up-to-date information and unbiased opinions on current issues.

The Evan B. Donaldson Adoption Institute

New York, NY

Since its establishment as an independent, national nonprofit organization in 1996, the Evan B. Donaldson Adoption Institute has been a preeminent, independent voice for improving adoption for everyone it touches - particularly children - through innovative programs, dissemination of accurate information, educational initiatives, research and analysis, and advocacy for better practices, policies and laws.

Families Adopting In Response (FAIR)

Alamo Alto, CA

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Families Adopting In Response is an all volunteer organization that exists to support, educate, and advocate for adoptive families and children.

FAIR is a non-profit organization established in 1968 and incorporated in 1987. FAIR has 600 members representing adoptive and foster parents and their children, those considering adoption, and adoption and mental health professionals.

International Adoption Clinic

Minneapolis, MN

The International Adoption Clinic counsels prospective adoptive parents, screens adopted children after arrival, and provides ongoing follow-up and referrals. The clinic is also a center for research on medical issues in adopted children from around the world and on the short- and long-term effects of early childhood institutionalization. The clinic is located at the Fairview-University Medical Center in Minneapolis, Minnesota.

The International Adoption Clinic is a non-profit organization established in 1986.

International Concerns for Children (ICC)

Boulder, CO

International Concerns for Children acquaints the public and prospective adoptive parents with various ways to assist homeless children, to educate those interested, and to inform prospective parents on the availability of "waiting children" and the adoption process.

International Concerns for Children is a non-profit organization established in 1979.

International Social Services, Inc. USA (ISS)

Baltimore, MD

A non-profit organization established in 1924, ISS is composed of an international network of over 150 national branches, affiliated bureaus and correspondents, with its General Secretariat in Geneva, Switzerland. Each of the members operates as an individual, autonomous unit within a federated structure. The United States Branch is a subsidiary corporation of Lutheran Immigration and Refugee Service.

ISS has a dynamic history of participation in developing United Nations conventions and provides consultation with the United Nations and the Hague on matters relating to the familial consequences of forced or voluntary migration. Through its advocacy, research and service efforts, ISS-USA and the Federation provide an invaluable contribution to enhance protections for children and families worldwide. Its reach extends from matters relating to intercountry adoption to child abduction, unaccompanied minors, family reunification and

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other child and social welfare problems requiring international cooperation, human services coordination and program development across borders.

Joint Council on International Children's Services (JCICS)

Washington, D.C.

The Joint Council on International Children's Services is the oldest and largest affiliation of licensed, non-profit international adoption agencies in the world. Membership is also open to non-profit parent support groups, medical clinics and advocacy groups. Joint Council does not place children or provide adoption services, but rather provides continued education and advocacy for international adoption practitioners and promotes intercountry adoption as an option for children who cannot remain with their birth families or be adopted within their country of birth.

The Joint Council is a non-profit organization established in 1976 and has 170 organizational members.

The Kinship Center

Monterey, CA

The Kinship Center is dedicated to the creation and preservation of foster and adoptive families for children who need them.

The Kinship Center is a non-profit organization established in 1984.

National Association of Social Workers (NASW)

Washington, D.C.

The National Association of Social Workers promotes, develops, and protects the practice of social work and social workers. NASW also seeks to enhance the effective functioning and well-being of individuals, families, and communities through its work and advocacy.

The National Association of Social Workers is a non-profit organization with 150,000 individual members representing social workers in various settings: schools, child welfare and mental health agencies, hospital settings, government agencies, social service agencies, and universities.

The National Center for Adoption Law & Policy Capital University Law School

Columbus, Ohio

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The National Center for Adoption Law & Policy seeks to improve the law, policies, and practices associated with child protection and adoption systems. Every day the Center works toward realizing the goal that all children especially those who have been abused or neglected or who are dependent on the state for their care--have safe, healthy, permanent homes. Its primary tools in this regard are education, advocacy and research.

The National Center for Adoption Law & Policy, whose website address is www.capital.law.edu/adoption, is a non-profit organization founded in 1998.

North American Council on Adoptable Children (NACAC)

St. Paul, MN

The North American Council on Adoptable Children advocates for the right of every child to a permanent, continuous, nurturing, and culturally sensitive family and presses for the legal adoptive placement of any child denied that right.

North American Council on Adoptable Children is a non-profit organization established in 1974 and has 55 individual members and 6,043 organizational supporters representing foster and adoptive parents, child welfare professionals, adoptive parent support and advocacy groups, adoption agencies, and caring individuals committed to meeting the needs of waiting children in North America.

Pact, An Adoption Alliance

Richmond, CA

Pact, An Adoption Alliance, provides the highest quality adoption services to children of color. Its primary client is the child, and the goal is for every child to feel wanted, honored, and loved as a cherished member of a strong family with proud connections to the rich cultural heritage that is his or her birthright.

Pact is a non-profit organization established in 1991 and has 2,500 individual members representing foster and adoptive parents, birth parents, adoptees, adoption and foster care professionals, and child advocates.

Stars of David International, Inc.

Northbrook, IL

Stars of David: *A Jewish Adoption Information & Support Network* is a non-profit organization providing a passionate network of support, adoption information, and education to prospective parents, adoptive families, adult adoptees, birth families, and the Jewish community.

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It offers an extensive clearinghouse of information and resources including: a website, a toll-free number, and e-mail address, list serves, local and national newsletters, general and Jewish specific adoption materials, referrals and mentors. Stars of David is not an adoption placement agency.

Stars of David is a grassroots organization with established and newly forming chapters across the United States and Canada. It was founded in Massachusetts in 1984 by an adoptive parent and a rabbi and was later incorporated as not-for-profit organization.

The Adoption Exchange

Aurora, CO

The Adoption Exchange provides the connection between families who adopt and children who wait. The exchange is not an adoption agency but a resource on behalf of dozens of adoption agencies around the United States. Services include recruitment for children with special needs, information and referrals to pre- and post-adoptive parents, training for adoption professionals and parents, advocacy both locally and nationally, and numerous special projects.

Adoption Exchange is a non-profit organization established in 1983. It currently has five offices in eight member states and serves all 50 states as well as American citizens living abroad.

Voice for Adoption (VFA)

Washington, D.C.

Voice for Adoption is a group of national, state, and local special needs adoption organizations that are dedicated to ensuring permanent, nurturing families for the nation's most vulnerable children and to strengthening support for families who adopt. Members include professionals, parents, and advocates.

Voice for Adoption is a non-profit organization established in 1995 and has 80 organizational members.

Adviser

Council on Accreditation (COA)

New York, NY

The Council on Accreditation for Children and Family Services promotes best-practice standards; champions quality services for children, youth, and families; and advocates for the value of accreditation.

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The Council on Accreditation is a non-profit organization established in 1977 that accredits approximately 1,000 organizations representing social service, child welfare, behavioral health care, and community-based organizations.